

Exhibit B

In The United States District Court
For the District of South Carolina
Columbia Division
C.A. No. 3:14-cv-03577-CMC-KDW

AFRAAZ R. IRANI, MD,
Plaintiff,
vs.
PALMETTO HEALTH; UNIVERSITY OF
SOUTH CAROLINA SCHOOL OF MEDICINE;
DAVID E. KOON, JR., MD, ETC.,
JOHN J. WALSH, IV, MD, ETC.,
Defendants.

D E P O S I T I O N

WITNESS: AFRAAZ IRANI, MD
DATE: June 30, 2015
TIME: 9:00 a.m. - 7:05 p.m.
LOCATION: Ogletree Deakins
1320 Main Street
Columbia, South Carolina
TAKEN BY: Attorneys for the Defendants
REPORTED BY: KATHRYN J. LINDLER

COMPUSCRIPTS, INC.
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1-888-988-0086

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1 things.

2 A. Right.

3 Q. You filed a common application that you used for
4 Palmetto Health, correct?

5 A. Correct. You're specifically mentioning the
6 Electronic Residency Application System?

7 Q. Hm-hmm. Correct.

8 A. I did apply through that, correct.

9 Q. Did you use any other form of application for the
10 residency program here in Columbia?

11 A. I don't know if Palmetto Health required a
12 supplemental application. I don't believe at the time they
13 did. I know several programs did. Maybe Dr. Koon could
14 answer that question better.

15 Q. He's finished. He doesn't have to answer anymore
16 questions.

17 A. He doesn't have to answer. I know.

18 Q. Did you interview here?

19 A. I did.

20 Q. With whom did you interview?

21 A. Dr. Hoover, Dr. Voss and Dr. Koon.

22 Q. Dr. Hoover at the time was a chief resident or
23 about to become a chief resident?

24 A. No, he was PGY3 I believe.

25 Q. The residency program for orthopedics is a

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1 know which of them are in the top five. Beyond that, I'm
2 sorry.

3 Q. Who were your other top ones?

4 A. I can list other schools that I ranked. I don't
5 know the order after that.

6 Q. Tell me who else you ranked.

7 A. So University of North Carolina Chapel Hill I
8 ranked. Stanford I ranked. Palmetto Health I ranked.
9 University of Iowa I ranked. Cleveland Clinic.

10 Q. How many are you allowed to rank?

11 A. As many as you want. You can rank a hundred if
12 you want.

13 Q. You said UCLA, Oregon, UNC Chapel Hill, Iowa,
14 Palmetto Health, Cleveland Clinic and I missed one that you
15 said in there.

16 A. You have the University of Iowa?

17 (Off the record.)

18 Q. Dr. Irani, we were talking about programs that
19 you ranked when you were first trying to match for an
20 orthopedic program. Out of all of these, where did
21 Palmetto Health rank for you? Let me say it like this.
22 Where did you rank Palmetto Health?

23 A. I believe it was sort of the middle-ish.

24 Q. Do you recall how many programs you ranked?

25 A. How many do I have there?

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1 Q. I got six.

2 A. There might've been a couple more. I don't
3 recall. So.

4 Q. Did you rank Palmetto Health in your top five?

5 A. I don't recall. It's possible it might not have
6 been. But it's possible it could have been.

7 Q. But you don't recall?

8 A. I mean I just -- you're asking for -- what I'm
9 basing this on is sort of gestalt of where the program --
10 I'm not actually remembering hitting that submit button on
11 the rank list. In fact, my brother did it actually. He
12 should know better now, I'm kidding, but. And I involved
13 him in decisions and I think it was kind of the middle-ish.
14 Again I think my top couple or so might not have been it.
15 But beyond that I'm having a hard time giving you more
16 concrete answers.

17 Q. Have you ever stated that Palmetto Health told
18 the California Medical Board that you're incompetent?

19 A. Have I ever stated that Palmetto Health told the
20 California Medical Board I'm incompetent. In any sort of
21 communication at all is your question? I.e. are we talking
22 about in court or writing e-mails or just talking with
23 friends or anything like that?

24 Q. Yes.

25 A. I think the California Medical Board at least

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1 just sounds really foreign in California. It's -- I know
2 here it's common, but if -- I remember I had a kid tell me
3 yes, sir, and I was like, you know, just like -- it was
4 really foreign to me. And I know here it's a sign of
5 respect and it's being polite and here it was taught you
6 say yes, sir/no, sir and I think that that's what was
7 expected. In fact Dr. Koon at the December 5 meeting said
8 it specifically, you know, Irani, instead of saying yes,
9 sir/no, sir, I'll take care of it, sir, I get this dribble.
10 That was his exact quote in the December 5 meeting. So it
11 was enforced by him as well. So to get back to your
12 question, Mary Finn told me it was a yes, sir/no, sir
13 military program. Duffy told me that. Whiteside's common
14 phrase was welcome to it. Whenever you complained about
15 anything, don't open your mouth, this is how it is, welcome
16 to it. That was a common phrase that was admitted.
17 Everything was make it work. Make it work was a common
18 phrase from Dr. Hoover, from Dr. Whiteside, because this is
19 that program and how it was. Upper guys don't want to hear
20 about it, you make it work. And that is all in step with
21 the military program. Dr. Voss himself actually said this
22 as well. When I came back on his rotation, he said
23 Dr. Walsh and Dr. Koon are more militaristic and they're
24 more yes, sir/no, sir. It's a military program, that's how
25 it's run. I don't know if that's an exhaustive list, but

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1 A. I think residency programs should engender
2 teamwork.

3 Q. Does this residency program try to engender
4 teamwork?

5 A. I think teamwork is necessary given the stress of
6 the program. You can't do it without teamwork.

7 Q. Does this residency program try to engender
8 teamwork? Were you expected to be part of a team?

9 A. I was expected to be part of a team, yes. I
10 think it was --

11 Q. You've answered my question, thank you.

12 A. Okay.

13 Q. Tell me about the time that Dr. Koon called you
14 Achmed the dead terrorist.

15 A. He didn't.

16 Q. He did not? Do you know who Achmed the dead
17 terrorist is?

18 A. So that was not what he called me. So let me
19 take a step back. You want to know about that time. Let
20 me explain to you what this means to me.

21 Q. No. I'm asking you that question. If there are
22 things that --

23 A. He did not say the word dead.

24 Q. Achmed the terrorist?

25 A. Yes, ma'am.

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1 Q. Tell me about that.

2 A. Well, it happened more than once.

3 Q. Tell me each time that it happened.

4 A. I don't remember each individual time, but I can
5 give you at least a couple illustrative examples.

6 Q. And I want to know who was present each time.

7 A. Okay.

8 Q. I don't want illustrative times. I want to know
9 the times.

10 A. Ma'am, you're asking me about something that
11 happened on a recurring basis. I don't think I'm going to
12 go home and catalog each time that somebody says something
13 to you. I'm not going to go home and catalog each time
14 Dave calls me on the phone. I am going to remember, I am
15 going to remember things that are very vivid to me and
16 things that I think are very insulting to my background and
17 history of my people and this was -- this was -- this is
18 not something to take lightly. I will say what I remember,
19 but I'm just saying for the record that I cannot remember
20 every single episode. Now to get back to your question.

21 Q. How many times did he call you this?

22 A. Probably a handful of times. I'll give you a
23 couple of examples. The first one --

24 Q. I don't want a couple of examples. You're saying
25 he called you this probably five times, correct?

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1 the residency program that wasn't the first day I showed up
2 with facial hair. Dr. Koon is alleging that's the first
3 time Franny seeing and I'm not going to argue with that if
4 that's the case, but your question was was that the first
5 day and I would say no.

6 Q. Do you recall Franny commenting on your facial
7 hair?

8 A. She might have.

9 Q. Do you know whether or not Dr. Koon commented at
10 that point?

11 A. It probably was about the same time I believe.
12 It probably was, because he was saying, you know, he was
13 commenting -- he was attributing my appearance to that and
14 I think he incorrectly assumed some of the facial hair is
15 consistent with somebody who is at the height of human
16 depravity which I think is awful.

17 Q. You're saying -- you're assuming that Dr. Koon
18 was attributing someone with facial hair to someone at the
19 height of depravity, is that what you just said?

20 A. If you're -- your question is implicitly saying
21 that did he make that comment because I had facial hair,
22 okay, and I'm saying it could be and if he is, then he's
23 assuming facial hair and my appearance is attributable to
24 something that I hope we can all agree is not something
25 that should be tolerated. Does that clarify?

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1 Q. Did he laugh?

2 A. Did who laugh?

3 Q. Did Dr. Koon laugh?

4 A. I'm sure he did.

5 Q. Did you tell him you didn't think it was funny?

6 A. I cannot confront Dr. Koon.

7 Q. You couldn't say that offended me?

8 A. I can't even tell Dr. Koon to please look at the
9 chart and verify if your allegation is true. You think I'm
10 going to confront him with something about as inflammatory
11 as I think that comment is racially insensitive when I
12 can't even say Dr. Koon please look at the chart to verify
13 the facts.

14 Q. If it bothered you that much, you couldn't say
15 that?

16 A. Ma'am, I don't think you understand how bad the
17 situation was.

18 Q. When was this?

19 A. This was my PGY2 year.

20 Q. When in it? You went from --

21 A. This was towards the latter half. I don't recall
22 when.

23 Q. Was it after the beginning of the year of 2012?

24 A. This specific incident?

25 Q. Yes.

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1 he wanted me to address.

2 Q. That's two instances. What's number three?

3 A. Ma'am, I can't remember exactly the specifics.

4 There were a handful of them. Those are two I can remember
5 specifically.

6 Q. Where was number three?

7 A. I don't have specifics. I think they were in the
8 hospital somewhere.

9 Q. Who was present with number three?

10 A. I can't give you more specific details. I really
11 would be reaching there. I don't want to say anything on
12 the record that might be misleading or possibly false.

13 Q. Why do you believe it was said five times if you
14 can't remember anything about it?

15 A. I didn't say five times. I said a handful.

16 Q. Okay.

17 A. I wish I could be more specific with you.

18 Q. Well, I wish you could too, because --

19 A. I wish I could too. I'm sorry.

20 Q. -- you know, it's pretty important.

21 A. Listen, my job is to sit here and be as honest as
22 I can with you and that's what I'm doing with you today.
23 I'm sorry. That's all I can do for you and I hope you can
24 understand that.

25 Q. Okay, but this is something that you found wholly

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1 Q. When was this?

2 A. I believe it was -- it was either that same one
3 or a different one. I don't know.

4 Q. I have no idea what you're talking about. That
5 same one what?

6 A. I'm sorry, the same -- because prison clinic --
7 the previous instance was at prison clinic with Franny. So
8 it was either that same meeting with the comment with
9 Franny there or it was a different meeting. Prison clinic
10 is usually held about once a week. So this is not an every
11 day occurrence. So it's going to be one of those prison
12 clinic days which are Monday or Wednesday I believe, or
13 Tuesday.

14 Q. There are cultural differences in South Carolina
15 and California, aren't there?

16 A. Sure.

17 Q. Did you run into some problems with those?

18 A. There's sort of a southern gentile way of
19 approaching patients and I think problem is a harsher, but,
20 yes, I had some ways to adjust in terms of how do I
21 approach patients, how do I communicate with patients and
22 that was conveyed to me by Dr. Bynoe and Dr. Mark Jones
23 about sort of the southern gentile.

24 MS. THOMAS: Again, Dr. Irani, can you speak up
25 please.

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1 A. I'm sorry, ma'am. I'll try.

2 MR. ROTHSTEIN: Do you want to take a break, get
3 some water or something?

4 A. I think I'm okay. But there are differences in
5 terms of like I said yes, sir/no, sir is -- I know it
6 sounds weird here, but I mean if you say that in
7 California, people will just look at you like you're crazy.
8 And how to approach patients, you know, where are you all
9 from, how are you all doing. Anderson, Aiken, Florence,
10 all those sort of stuff was all sort of new vernacular to
11 me, but a lot of people, at least I got the impression from
12 talking to them, it's important to ask about these sort of
13 backgrounds beyond that. So in that way in terms of
14 communicating with patients I think the communication with
15 patients was based on California versus South Carolina
16 cultural differences if you want to call it that, but I
17 would refer more of that towards just more of the gentile
18 in the mindset of different regions.

19 Q. Do you recall ever stating that you had -- you
20 were having trouble adjusting to some of the culture in
21 South Carolina?

22 A. I don't -- if the word trouble was used. I will
23 say that I'm sure I admitted that it was a different
24 environment and some adjustments had to be made. But again
25 this was all -- for instance, one of the -- I like working

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1 on cars and I didn't know what a -- how do you say it, oil,
2 oil change. I didn't understand some of the words people
3 were actually saying, because they say it differently and
4 that, of course, is an adjustment. That would make things
5 a little bit harder, but it's not an indictment on that
6 person per se. It's just you need to learn how to
7 communicate down here and if there's a communication issue
8 given the different regions of where you're from that can
9 make things a little bit more difficult or trouble if you
10 want to use the word, but I think that's mainly what it's
11 attributed to.

12 Q. At some point in the remediation process you went
13 for a psychological evaluation, correct?

14 A. Psychological evaluation, yes, ma'am.

15 Q. The person evaluating you found no reason -- no
16 impediments to you going through the program, correct?

17 A. I haven't read it recently, but that's what my
18 recollection is.

19 Q. For instance, no sort of learning disabilities or
20 anything of that sort were uncovered?

21 A. I don't remember there being any in that report,
22 no, ma'am.

23 Q. Do you recall that individual discussing with you
24 communication issues?

25 A. I really don't -- so I think -- so what happens

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1 A. I was told that the presentation would function
2 in a vastly different way than actually it played out. So
3 I don't think I was given a fair understanding of what was
4 going to happen and I was a little disappointed in how
5 things were carried out.

6 Q. Did you prepare a script of basically what you
7 wanted to say in the grievance meeting before the Grievance
8 Committee?

9 A. Yeah, I believe I had an outline of what I was
10 going to read.

11 Q. Was that document something that you actually put
12 in with your other documents --

13 A. No.

14 Q. -- before the Grievance Committee?

15 A. No.

16 Q. Was that document approximately 20 pages?

17 A. Sounds about right.

18 Q. Were you able to provide the full contents of
19 that document in your presentation to the Grievance
20 Committee?

21 A. I think I was time limited so I don't -- I wasn't
22 able to provide -- I was only able to provide so much, but
23 everything I had prepared I was able to present.

24 Q. Were you able to put in before the Grievance
25 Committee all documents that you felt like were important

ORTHOPAEDIC APPLICANT INTERVIEW REVIEW

NAME: Dani

JILLIANS' IMPRESSION: EXCELLENT / GOOD / FAIR / POOR

APPEARANCE: PROFESSIONAL
OK
SLOPPY

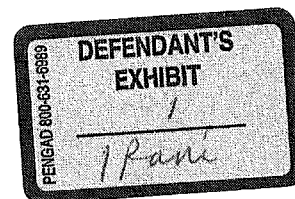
DEMEANOR: APPROPRIATE
NERVOUS
HAUGHTY/ ARROGANT
QUIET

FIT WITHIN THE PROGRAM? EXCELLENT / GOOD / FAIR / POOR

OVERALL IMPRESSION: 1 2 3 4 5 6 7 8 9 10

RATING: #1 APPLICANT / TOP 10 / TOP THIRD / MIDDLE THIRD / NO GO

SIGNATURE: DC





STATE OF SOUTH CAROLINA)
)
 COUNTY OF RICHLAND)

RESIDENT AGREEMENT OF APPOINTMENT

This agreement is entered into this 1st day of July, 2010 between Palmetto Health or "Hospital", a multiple teaching hospital/health system, located in Columbia, South Carolina (hereinafter "Palmetto Health") and AFRAAZ R IRANI MD (hereinafter "House Staff Officer" or "Resident").

1. APPOINTMENT

The House Staff Officer is hereby employed by Palmetto Health as a PGY 1 Postgraduate in the Department of Education for Orthopaedics. In this capacity, the House Staff Officer will participate in a graduate medical education program which includes, but is not limited to, classroom and lecture sessions, patient care responsibilities, and other activities as determined by House Staff Officer's specific graduate medical education program.

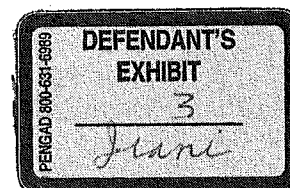
The House Staff Officer agrees to perform all duties and services in a competent, professional, and effective manner. The House Staff Officer agrees to abide by the policies, procedures, rules and regulations of the Hospital and its Department of Medical Education, as these policies, procedures, rules and regulations currently exist and may from time to time be amended. Specifically, the House Staff Officer agrees to abide by Medical Record provisions of the Palmetto Health Hospitals' Medical and Dental Staff Bylaws, Rules and Regulations, as they currently exist and may from time to time be amended.

The House Staff Officer agrees to abide by the Statement of Resident Responsibilities. (see below)

2. RESIDENT RESPONSIBILITIES

The goal of the residency program is to provide the House Staff Officer with an extensive experience in the art and science of medicine in order to achieve excellence in the diagnosis, care and treatment of patients. To achieve this goal, the House Staff Officer agrees to do the following:

1. Under the direction of the Program Director (or designee) and supervision by the Attending physician, assume responsibilities for the safe, effective and compassionate care of patients, consistent with the resident's level of education and experience.
2. Participate fully in the educational and scholarly activities of the residency program and, as required, assume responsibility for teaching and supervising other residents and medical students.
3. Develop and participate in a personal program of self-study and professional growth with guidance from the teaching staff.



4. Participate in institutional programs, committees, councils, and activities involving the medical staff as assigned by the program director, and adhere to the established policies, procedures and practices (to include standards of behavior) of the sponsoring institution and its affiliated institutions.
5. Participate in the evaluation of the program and its faculty.
6. Develop an understanding of ethical, socioeconomic, and medical legal issues that affect the practice of medicine.
7. Participate in educational experiences required to achieve competence in patient care, medical knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism, and systems-based practice.
8. Keep charts, records, and reports up-to-date and signed at all times.
9. Adhere to ACGME institutional and program requirements.

3. FACULTY RESPONSIBILITIES AND SUPERVISION

Faculty is responsible for and personally involved in care provided to individual patients. Faculty direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. (See Supervision of Resident Physician Policy)

4. DURATION OF APPOINTMENT

The term of this Agreement is for one (1) year beginning July 1, 2010 and ending June 30, 2011.

5. FINANCIAL SUPPORT

The House Staff Officer shall receive as compensation for the term of this Agreement an amount equal to \$48,883.80.

6. CONDITIONS FOR PROMOTION/REAPPOINTMENT OF HOUSE STAFF OFFICERS

House Staff Officers are promoted/reappointed on the basis of acceptable periodic competency-based evaluations, which may be supplemented by written or oral clinical and behavioral competency examinations or other evaluation methods; by recommendation of their department's Promotion Committee; and by final approval by the Graduate Medical Education Committee. (See Promotion/Reappointment policy)

7. GRIEVANCE PROCEDURES AND DUE PROCESS

Any House Staff Officer who disputes any action of any party shall have the right to appeal said action through the Graduate Medical Education Committee's due process policies, as from time to time amended. Violations of the House Staff Officer agreement may also be appealed in the same manner. Each House Staff Office will receive a copy of said policies at the time training begins and also at the time any changes or amendments are made. The Residents' Grievance Procedures and Due Process policy will be used for such disputes.

8. PROFESSIONAL LIABILITY INSURANCE

Palmetto Health has purchased "claims made" professional liability protection from Continental Casualty Insurance Company to protect all employees including House Staff Officers. This protection was purchased through Palmetto Healthcare Liability Insurance Program (PHLIP) that is a captive insurance program. The limit of professional liability afforded is \$1,200,000 per claim that involves an employed House Staff Officer. This coverage is subject to an aggregate limit of \$18,000,000. All aggregate liability limits are shared among the participating members of PHLIP. There are multiple hospital and hospital system members of PHLIP. (Coverage's are subject to periodic change by the PHLIP Board of Directors.)

Palmetto Health has also purchased high excess professional liability protection through PHLIP. The high excess limit is \$20,000,000 per claim, except where it is found that the acts of the insured individual were willful, reckless, or grossly negligent, in which case the high excess per claim limit is reduced to \$3,000,000. The high excess policy has a \$30,000,000 annual aggregate limit which is also shared by all members of PHLIP. (Coverage's are subject to periodic change as determined by the PHLIP Board of Directors.)

It is the responsibility of Palmetto Health and not individual House Staff Officers to purchase the extended reporting period (ERP) endorsement or "tail" coverage. Employed House Staff Officers are scheduled on the Palmetto Health provider list. This provider list reflects the effective date and, as applicable, the termination or graduation date of each provider. Professional liability protection is afforded to each House Staff Officer for claims that occur within the effective date of coverage and until the graduation or termination effective date. Professional liability insurance protection is provided to each House Staff Officer within the scope of the House Staff Officer's educational program duties and does not extend to any activities outside the scope of the educational program.

This professional liability insurance will only provide coverage for the House Staff Officer in the performance of duties and obligations of this Agreement. IT IS THE SOLE RESPONSIBILITY OF THE HOUSE STAFF OFFICER TO OBTAIN AND PROVIDE FOR PROFESSIONAL AND GENERAL LIABILITY INSURANCE COVERAGE FOR ALL EMPLOYMENT OR PROFESSIONAL ACTIVITIES (ie, "moonlighting") ENGAGED IN BY THE HOUSE STAFF OFFICER WHICH ARE NOT AN OFFICIAL PART OF THE HOUSE STAFF OFFICER'S TRAINING PROGRAM.

9. BENEFITS

Palmetto Health will provide the House Staff Officer the following benefits:

- a. **Health Insurance:** Coverage for the House Staff Officer and members of his/her immediate family, (i.e., spouse and children), is available and is effective on the first day of the resident's term of agreement. There is no premium cost to House Staff Officers for individual coverage; family coverage is available, but requires premium payment by the House Staff Officer. Plans also include a prescription drug benefit. Charges for services not covered under the basic plan (or for House Staff Officer failure to complete the health screening or other enrollment requirements by designated dates) are the responsibility of the House Staff Officer.
- b. **Dental Insurance:** The House Staff Officer is eligible to participate in Palmetto Health's low option dental plan provided at no charge for the House Staff Officer's individual coverage. Coverage is available for members of the House Staff Officer's immediate family, (i.e., spouse and children), but requires premium payment by the House Staff Officer. The House Staff Officer may elect to participate in the Hospital's high option dental plan with the cost of the premium difference paid by the House Staff Officer.
- c. **Disability Insurance:** The House Staff Officer is eligible to participate in Palmetto Health's Long Term Disability insurance plan at no premium cost to the House Staff Officer. LTD eligibility begins 180 days after start date.
- d. **Life Insurance:** The House Staff Officer is eligible to participate in Palmetto Health's life insurance plan, with one time salary life insurance coverage provided at no cost to the House Staff Officer. One or two times salary in additional life insurance may be purchased by the House Staff Officer.
- e. **Vacation and Holiday Leave:** The House Staff Officer may take up to 20 days (23 days for PGY 3 and above) off for vacation and holiday leave. The House Staff officer will continue to receive his/her salary as set forth above during leave. Unused leave will not be paid as a terminal benefit. Vacation and Holiday leave must be scheduled and approved in advance by the respective Director of Education, Program Director, or his/her designee. Five of these days will be scheduled by the program near calendar year end. (See Vacation and Holiday Leave Policy)
- f. **Sick Leave:** Leave (to include sick, maternity, or family medical leave) may be taken according to written GMEC and Department policies. (See Sick Leave policy)
- g. **Maternity Leave:** A female House Staff Officer is entitled to be absent from the training program on maternity leave for the time period determined to be necessary and appropriate by her physician. Such leave granted may require additional training time to meet program requirements. (See Leaves of Absence policy)
- h. **Family Medical Leave Act:** The House Staff Officer is eligible for applicable leave under the Family and Medical Leave Act (FMLA), once the eligibility requirements are met: (1) 12 months of service with Palmetto Health and (2) 1250 productive hours worked in the preceding 12 months. The House Staff Officer can take FML for his/her own serious health condition, care for a spouse, child, or parent that has a serious health condition, caring for a newborn, adopted or formally placed foster child. Such leave granted may require additional training time to meet program requirements (See FMLA policy)

- i. **Other Leaves of Absence:** Leave for military, disability (physical or mental), professional, personal, parental, and other approved purposes may be granted by the Director of Education/Program Director. Such leave granted may require additional training time to meet program requirements. (See Leave of Absence policy)
- j. **On-Call Quarters:** Palmetto Health will provide suitable on-call quarters.
- k. **Uniforms:** Four (4) uniforms (lab coats) are issued to House Staff Officers during their first (1st) contract year. Hospital laundering of uniforms (lab coats) issued to a House Staff Officer will be performed at no cost to the House Staff Officer.
- l. **Meals:** Meal allowances will be provided to a House Staff Officer while on duty at Palmetto Health Richland and Palmetto Health Baptist as specified in the attached policy. (See Resident Meals While on Duty policy)

10. DUTY HOURS

House Staff Officer duty hours and on call schedules will conform to the Accreditation Council for Graduate Medical Education (ACGME) requirements. All House Staff Officers are expected to be rested and alert during duty hours. (See Duty Hours policy)

11. MOONLIGHTING AND OTHER PROFESSIONAL ACTIVITIES

Graduate medical education is a full-time educational experience. Accordingly, the House Staff Officer shall neither accept nor engage in employment or professional activities (moonlighting) outside of the training program without the prior written approval of the appropriate Departmental Director of Education/Program Director and the DIO or DIO designee. If prior approval to moonlight is obtained, IT IS THE SOLE RESPONSIBILITY OF THE HOUSE STAFF OFFICER TO OBTAIN AND PROVIDE PROFESSIONAL LIABILITY INSURANCE (MALPRACTICE) COVERAGE FOR ALL EMPLOYMENT ACTIVITIES WHICH ARE NOT AN OFFICIAL PART OF THE HOUSE STAFF OFFICER'S TRAINING PROGRAM. (See Moonlighting and Other Professional Activities policy)

12. COUNSELING SERVICES

Palmetto Health provides confidential counseling services through the Employee Assistance program. Additional counseling, medical, and psychological services may be provided for House Staff Officers, when appropriate. (See Working Environment policy)

13. PHYSICIAN IMPAIRMENT AND SUBSTANCE ABUSE

Palmetto Health provides education on physician impairment (including substance abuse) to House Staff Officers. Appropriate confidential counseling services are provided in a non-punitive fashion, when necessary. (See Impairment policy)

14. HARASSMENT

Palmetto Health provides a work environment free from sexual and other forms of harassment and will discipline any House Staff Officer guilty of committing such conduct. (See Harassment policy)

15. ACCOMMODATIONS FOR DISABILITIES

Palmetto Health complies with all state and federal laws concerning qualified disabilities and does not discriminate on the basis of disability. A resident with special needs/disabilities may request reasonable accommodation(s) that will enable the resident to perform the essential functions of his/her assigned duties.

16. DRUG-FREE WORKPLACE

The illegal manufacture, illegal distribution, illegal dispensation, illegal possession, or illegal use of narcotics, drugs, or other controlled substances is strictly prohibited by Palmetto Health. (See Substance Abuse policy)

17. OSHA AND CDC RECOMMENDATIONS

The House Staff Officer is required to comply with Occupational Safety and Health Act (OSHA) and Center for Disease Control (CDC) standards, which assumes that every direct contact with a patients' blood and other body substances is infectious and requires the use of protective equipment to prevent parenteral, mucous membrane and non-contact skin exposures to the healthcare provider. Palmetto Health agrees to provide, and make readily available, personal protective equipment to include gloves, face protection (masks and goggles), and cover gowns.

18. TERMINATION

It is the intent of the House Staff Officer and Palmetto Health that this Agreement shall be for a period of one (1) year, provided, however, the House Staff Officer has the option to terminate this Agreement, with or without cause, by giving the appropriate Departmental Director of Education/Program Director at least thirty (30) days prior written notice of intent to terminate. Palmetto Health has the option to immediately terminate this Agreement "for cause". Termination for cause includes, but is not limited to the following:

- 1.1. Incapacitating illness, which in the judgment of the resident's Director of Education/Program Director precludes the resident from participation in the graduate medical education programs and in-patient care activities.
- 1.2. Failure by the resident to abide by policies of Palmetto Health's teaching hospitals and participating sites, GMEC policies, departmental policies, and resident-related provisions of the Medical and Dental Staff Bylaws/Rules and Regulations of the teaching hospitals.


- 1.3 Failure by the resident to demonstrate, meet, or maintain satisfactory levels of academic, professional, and/or clinical performance required by the residency programs as determined by evaluations.
- 1.4 Failure by the House Staff Officer to comply with licensure, registration, or certification requirements and/or failure by the House Staff Officer to maintain authorization for employment in the United States.
- 1.5 Actions which directly violate any of the terms of the resident agreement of appointment.
- 1.6 Willful or inexcusable breaches of Palmetto Health rules or regulations. (See Disciplinary Action policy)
- 1.7 Unprofessional conduct or behavior by the House Staff Officer which in the opinion of the appropriate Departmental Director of Education and Palmetto Health, interferes with the performance of the activities provided for under this Agreement and/or which are determined by the appropriate Departmental Director of Education and the Hospital to be unsatisfactory for members of Palmetto Health's House Staff.

19. GOVERNING LAW

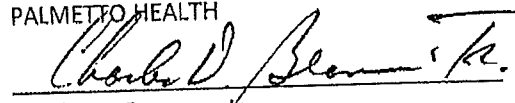
This Agreement shall be governed by the laws of the State of South Carolina.

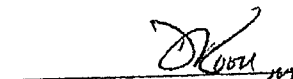
IN WITNESS WHEREOF THIS AGREEMENT is made effective this 7th day of APRIL, in the County of Richland, State of South Carolina.

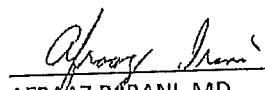
DESIGNATED INSTITUTIONAL OFFICIAL


Katherine G. Stephens, MBA, FACHE
Vice President for Medical Education & DIO

PALMETTO HEALTH


Charles D. Beaman, Jr.
President and Chief Executive Officer


David Koon, MD
Program Director
Orthopaedics


AFRAZ R. IRANI MD
House Staff Officer

Revised 3/02/2010



STATE OF SOUTH CAROLINA)
)
 COUNTY OF RICHLAND) **RESIDENT AGREEMENT OF APPOINTMENT**

This agreement is entered into this 1st day of July, 2011 between Palmetto Health or "Hospital", a multiple teaching hospital/health system, located in Columbia, South Carolina (hereinafter "Palmetto Health") and **AFRAAZ R IRANI, MD** (hereinafter "Resident").

1. APPOINTMENT

The Resident is hereby employed by Palmetto Health as a **PGY 2 Postgraduate** in the Department of Education for **Orthopaedics**. In this capacity, the Resident will participate in a graduate medical education program which includes, but is not limited to, classroom and lecture sessions, patient care responsibilities, and other activities as determined by Resident's specific graduate medical education program.

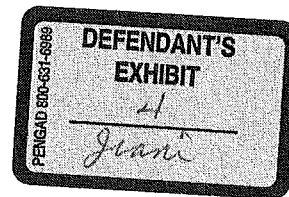
The Resident agrees to perform all duties and services in a competent, professional, and effective manner. The Resident agrees to abide by the policies, procedures, rules and regulations of the Hospital and its Department of Medical Education, as these policies, procedures, rules and regulations currently exist and may from time to time be amended. Specifically, the Resident agrees to abide by Medical Record provisions of the Palmetto Health Hospitals' Medical and Dental Staff Bylaws, Rules and Regulations, as they currently exist and may from time to time be amended.

The Resident agrees to abide by the Statement of Resident Responsibilities. (see below)

2. RESIDENT RESPONSIBILITIES

The goal of the residency program is to provide the Resident with an extensive experience in the art and science of medicine in order to achieve excellence in the diagnosis, care and treatment of patients. To achieve this goal, the Resident agrees to do the following:

1. Under the direction of the Program Director (or designee) and supervision by the Attending physician, assume responsibilities for the safe, effective and compassionate care of patients, consistent with the resident's level of education and experience.
2. Participate fully in the educational and scholarly activities of the residency program and, as required, assume responsibility for teaching and supervising other residents and medical students.
3. Develop and participate in a personal program of self-study and professional growth with guidance from the teaching staff.



4. Participate in institutional programs, committees, councils, and activities involving the medical staff as assigned by the program director, and adhere to the established policies, procedures and practices (to include standards of behavior) of the sponsoring institution and its affiliated institutions.
5. Participate in the evaluation of the program and its faculty.
6. Develop an understanding of ethical, socioeconomic, and medical legal issues that affect the practice of medicine.
7. Participate in educational experiences required to achieve competence in patient care, medical knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism, and systems-based practice.
8. Keep charts, records, and reports up-to-date and signed at all times.
9. Adhere to ACGME Institutional and program requirements.

3. FACULTY RESPONSIBILITIES AND SUPERVISION

Faculty are responsible for and personally involved in care provided to individual patients. Faculty direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. (See Supervision of Resident Physician Policy).

4. DURATION OF APPOINTMENT

The term of this Agreement is for one (1) year beginning July 1, 2011 and ending June 30, 2012.

5. FINANCIAL SUPPORT

The Resident shall receive as compensation for the term of this Agreement an amount equal to \$52,064.06.

6. CONDITIONS FOR PROMOTION/REAPPOINTMENT OF RESIDENTS

Residents are promoted/reappointed on the basis of acceptable periodic competency-based evaluations, which may be supplemented by written or oral clinical and behavioral competency examinations or other evaluation methods; by recommendation of their department's Promotion Committee; and by final approval by the Graduate Medical Education Committee. (See Promotion/Reappointment policy).

7. GRIEVANCE PROCEDURES AND DUE PROCESS

Any Resident who disputes any action of any party shall have the right to appeal said action through the Graduate Medical Education Committee's due process policies, as from time to time amended. Violations of the Resident agreement may also be appealed in the same manner. Each Resident will receive a copy of said policies at the time training begins and also at the time any changes or amendments are made. The Residents' Grievance Procedures and Due Process policy will be used for such disputes.

8. PROFESSIONAL LIABILITY INSURANCE

Palmetto Health has purchased "claims made" professional liability protection from Continental Casualty Insurance Company to protect all employees including Residents. This protection was purchased through Palmetto Healthcare Liability Insurance Program (PHLIP) that is a captive insurance program. The limit of professional liability afforded is \$1,200,000 per claim that involves an employed Resident. This coverage is subject to an aggregate limit of \$18,000,000. All aggregate liability limits are shared among the participating members of PHLIP. There are multiple hospital and hospital system members of PHLIP. (Coverage's are subject to periodic change by the PHLIP Board of Directors.)

Palmetto Health has also purchased high excess professional liability protection through PHLIP. The high excess limit is \$20,000,000 per claim, except where it is found that the acts of the insured individual were willful, reckless, or grossly negligent, in which case the high excess per claim limit is reduced to \$3,000,000. The high excess policy has a \$30,000,000 annual aggregate limit which is also shared by all members of PHLIP. (Coverage's are subject to periodic change as determined by the PHLIP Board of Directors.)

It is the responsibility of Palmetto Health and not individual Residents to purchase the extended reporting period (ERP) endorsement or "tail" coverage. Employed Residents are scheduled on the Palmetto Health provider list. This provider list reflects the effective date and, as applicable, the termination or graduation date of each provider. Professional liability protection is afforded to each Resident for claims that occur within the effective date of coverage and until the graduation or termination effective date. Professional liability insurance protection is provided to each Resident within the scope of the Resident's educational program duties and does not extend to any activities outside the scope of the educational program.

This professional liability insurance will only provide coverage for the Resident in the performance of duties and obligations of this Agreement. IT IS THE SOLE RESPONSIBILITY OF THE RESIDENT TO OBTAIN AND PROVIDE FOR PROFESSIONAL AND GENERAL LIABILITY INSURANCE COVERAGE FOR ALL EMPLOYMENT OR PROFESSIONAL ACTIVITIES (i.e., "moonlighting") ENGAGED IN BY THE RESIDENT WHICH ARE NOT AN OFFICIAL PART OF THE RESIDENT'S TRAINING PROGRAM.

9. BENEFITS

Palmetto Health will provide the Resident the following benefits:

- a. **Health Insurance:** Coverage for the Resident and members of his/her immediate family, (i.e., spouse and children), is available and is effective on the first day of the resident's term of agreement. There is no premium cost to Residents for individual coverage; family coverage is available, but requires premium payment by the Resident. Plans also include a prescription drug benefit. Charges for services not covered under the basic plan (or for Resident failure to complete the health screening or other enrollment requirements by designated dates) are the responsibility of the Resident.
- b. **Dental Insurance:** The Resident is eligible to participate in Palmetto Health's low option dental plan provided at no charge for the Resident's individual coverage. Coverage is available for members of the Resident's immediate family, (i.e., spouse and children), but requires premium payment by the Resident. The Resident may elect to participate in the Hospital's high option dental plan with the cost of the premium difference paid by the Resident.
- c. **Disability Insurance:** The Resident is eligible to participate in Palmetto Health's Long Term Disability insurance plan at no premium cost to the Resident. LTD eligibility begins 91 days after start date.
- d. **Life Insurance:** The Resident is eligible to participate in Palmetto Health's life insurance plan, with one time salary life insurance coverage provided at no cost to the Resident. One or two times salary in additional life insurance may be purchased by the Resident. Life insurance eligibility begins 91 days after start date.
- e. **Vacation and Holiday Leave:** The Resident may take up to 20 days (23 days for PGY 3 and above) off for vacation and holiday leave. The Resident will continue to receive his/her salary as set forth above during leave. Unused leave will not be paid as a terminal benefit. Vacation and holiday leave must be scheduled and approved in advance by the respective Director of Education, Program Director, or his/her designee. Five of these days will be scheduled by the program near calendar year end. (See Vacation and Holiday Leave Policy)
- f. **Sick Leave:** Leave (to include sick, maternity, or family medical leave) may be taken according to written GMEC and Department policies. (See Sick/Medical Leave & LTD policy)
- g. **Maternity Leave:** A female Resident is entitled to be absent from the training program on maternity leave for the time period determined to be necessary and appropriate by her physician. Such leave granted may require additional training time to meet program requirements. (See Maternity Leave policy, Sick/Medical Leave & LTD policy, and Leaves of Absence policy)
- h. **Family Medical Leave Act:** The Resident is eligible for applicable leave under the Family and Medical Leave Act (FMLA), once the eligibility requirements are met: (1) 12 months of service with Palmetto Health and (2) 1250 productive hours worked in the preceding 12 months. The Resident can take FML for his/her own serious health condition, care for a spouse, child, or parent that has a serious health condition, caring for a newborn, adopted or formally placed foster child. Such leave granted may require additional training time to meet program requirements. (See FMLA policy)

- i. **Other Leaves of Absence:** Leave for military, disability (physical or mental), professional, personal, parental, and other approved purposes may be granted by the Director of Education/Program Director. Such leave granted may require additional training time to meet program requirements. (See Leave of Absence policies)
- j. **On-Call Quarters:** Palmetto Health will provide suitable on-call quarters.
- k. **Uniforms:** Four (4) uniforms (lab coats) are issued to Residents during their first (1st) contract year. Hospital laundering of uniforms (lab coats) issued to a Resident will be performed at no cost to the Resident.
- l. **Meals:** Meal allowances will be provided to a Resident while on duty at Palmetto Health Richland and Palmetto Health Baptist as specified in the attached policy. (See Resident Meals While on Duty policy)

10. DUTY HOURS

Resident duty hours and on call schedules will conform to the Accreditation Council for Graduate Medical Education (ACGME) requirements. All Residents are expected to be rested and alert during duty hours. (See Duty Hours policy)

11. MOONLIGHTING AND OTHER PROFESSIONAL ACTIVITIES

Graduate medical education is a full-time educational experience. Accordingly, the Resident shall neither accept nor engage in employment or professional activities (moonlighting) outside of the training program without the prior written approval of the appropriate Departmental Director of Education/Program Director and the DIO or DIO designee. If prior approval to moonlight is obtained, IT IS THE SOLE RESPONSIBILITY OF THE RESIDENT TO OBTAIN AND PROVIDE PROFESSIONAL LIABILITY INSURANCE (MALPRACTICE) COVERAGE FOR ALL EMPLOYMENT ACTIVITIES WHICH ARE NOT AN OFFICIAL PART OF THE RESIDENT'S TRAINING PROGRAM. (See Moonlighting and Other Professional Activities policy)

12. COUNSELING SERVICES

Palmetto Health provides confidential counseling services through the Employee Assistance program (E-Care). Additional counseling, medical, and psychological services may be provided for Residents, when appropriate. (See Impairment and Working Environment policy)

13. PHYSICIAN IMPAIRMENT AND SUBSTANCE ABUSE

Palmetto Health provides education on physician impairment (including substance abuse) to Residents. Appropriate confidential counseling services are provided in a non-punitive fashion, when necessary. (See Impairment policy)

14. HARASSMENT

Palmetto Health provides a work environment free from sexual and other forms of harassment and will discipline any Resident guilty of committing such conduct. (See Harassment policy)

15. ACCOMMODATIONS FOR DISABILITIES

Palmetto Health complies with all state and federal laws concerning qualified disabilities and does not discriminate on the basis of disability. A resident with special needs/disabilities may request reasonable accommodation(s) that will enable the resident to perform the essential functions of his/her assigned duties.

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The Resident is required to comply with Occupational Safety and Health Act (OSHA) and Center for Disease Control (CDC) standards, which assumes that every direct contact with a patient's blood and other body substances is infectious and requires the use of protective equipment to prevent parenteral, mucous membrane and non-contact skin exposures to the healthcare provider. Palmetto Health agrees to provide, and make readily available, personal protective equipment to include gloves, face protection (masks and goggles), and cover gowns.

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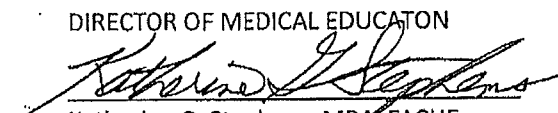
- 1.2 Failure by the resident to abide by policies of Palmetto Health's teaching hospitals and participating sites, GMEC policies, departmental policies, and resident-related provisions of the Medical and Dental Staff Bylaws/Rules and Regulations of the teaching hospitals.
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- 1.4 Failure by the Resident to comply with licensure, registration, or certification requirements and/or failure by the Resident to maintain authorization for employment in the United States.
- 1.5 Actions which directly violate any of the terms of the resident agreement of appointment.
- 1.6 Willful or inexcusable breaches of Palmetto Health rules or regulations. (See Disciplinary Action policy)
- 1.7 Unprofessional conduct or behavior by the Resident which in the opinion of the appropriate Departmental Director of Education and Palmetto Health, interferes with the performance of the activities provided for under this Agreement and/or which are determined by the appropriate Departmental Director of Education and the Hospital to be unsatisfactory for members of Palmetto Health's House Staff.

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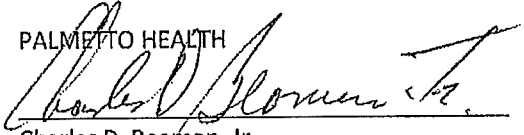
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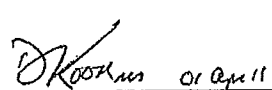
IN WITNESS WHEREOF THIS AGREEMENT is made effective this 11th day of April, 2011, in the County of Richland, State of South Carolina.

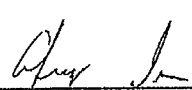
DIRECTOR OF MEDICAL EDUCATION


Katherine G. Stephens, MBA, FACHE
Vice President for Medical Education & DIO

PALMETTO HEALTH


Charles D. Beaman, Jr.
Chief Executive Officer


David Koon, MD
Program Director
Orthopaedic Surgery


AFRAZ R IRANI, MD
Resident

Revised 1/21/2011

ACGME Program Requirements for Graduate Medical Education
In Orthopaedic Surgery

Common Program Requirements are In **BOLD**

Effective: July 1, 2007

Introduction

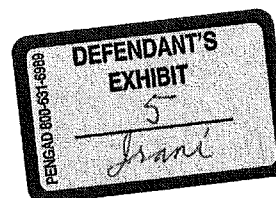
A. Definition and Scope of the Specialty

Orthopaedic surgery is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods.

B. Duration and Scope of Education

1. Orthopaedic residencies will be accredited to offer five years of graduate medical education. The orthopaedic residency director is responsible for the design, implementation, and oversight of a PGY-1 year that will prepare residents for specialty education in orthopaedic surgery. This year must include resident participation in clinical and didactic activities that will give them the opportunity to:
 - a) develop the knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems;
 - b) be involved in the care of patients with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, peripheral vascular injuries and diseases, and rheumatologic and other medical diseases;
 - c) gain experience in the care of critically ill surgical and medical patients;
 - d) participate in the pre-, intra- and post-operative care of surgical patients; and,
 - e) develop an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications.
2. In order to meet these goals, the PGY-1 year must include:

Orthopaedic Surgery ¹



- a) a minimum of six months of structured education in surgery, to include multi-system trauma, plastic surgery/burn care, intensive care, and vascular surgery;
 - b) a minimum of one month of structured education in at least three of the following: emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, pediatric surgery or pediatrics, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation; and,
 - c) a maximum of three months of orthopaedic surgery.
3. The program director is also responsible for the design, implementation and oversight of PGY-2 through PGY-5 years that:
- a) must include at least three years of rotations on orthopaedic services, and
 - b) may include rotations on related services such as plastic surgery, physical medicine and rehabilitation, rheumatology, or neurological surgery.

I. Institutions

A. Sponsoring Institution

One sponsoring Institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

- 1. One primary site must provide most of the residents' basic science and research education.
 - a) Residents' clinical education at the primary site should include extensive experience in patient care. Preoperative evaluation and postoperative follow-up, as well as evaluation and treatment of patients not requiring surgery, must be included.

Orthopaedic Surgery 2

**ACGME Program Requirements for Graduate Medical Education
In Orthopaedic Surgery**

Common Program Requirements are In BOLD

Effective: July 1, 2007

Introduction

A. Definition and Scope of the Specialty

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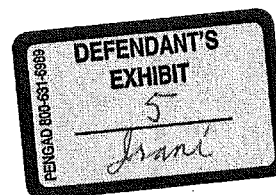
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Orthopaedic Surgery 1



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I. Institutions

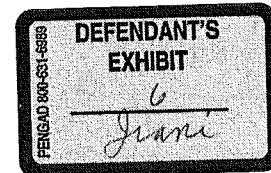
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Orthopaedic Surgery 2



> Subject: Palmetto Health Richland Orthopaedic Surgery
> Date: Mon, 9 Apr 2012 14:54:14 -0400

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>

> Hello,
> Attached please find my signed formal complaint regarding the practices of
> the Palmetto Health Orthopaedics Department.
> I will be providing further documentation as necessary.
> Thank you, Afraaz Irani 650-353-8523

>
>

> From: mmiller@acgme.org
> To: afraaz.irani@hotmail.com; adunlap@acgme.org; pderstine@acgme.org;
> smansker@acgme.org
> Date: Fri, 30 Mar 2012 10:25:17 -0500
> Subject: RE: Palmetto Health Richland Orthopaedic Surgery

>
>

> Dear Dr. Irani, I am sorry for your plight, but the ACGME does not
> adjudicate disputes between program directors and residents and you must
> avail yourself of all the resources available within the institution. The
> ACGME cannot get involved in the institution's due process proceedings. The
> ACGME's role is to make sure that they have policies and procedures for due
> process. Please know that the ACGME cannot help you personally and all that
> it can do is affect the program's accreditation for violating ACGME
> requirements. After the hearing, if you have evidence that it was unfair,
> you can file a formal complaint at that time as you won't know whether the
> hearing was unfair until you've had it. Please remember that unfair is not
> that you do not like the outcome. Unfair is that they did not follow their
> own policies and procedures. In regard to the harassment, we can address
> that at the same time as the due process issue. You may want to obtain
> legal counsel for your hearing if it is allowed. Most often the institution
> allows an attorney to be present to advise the resident, but not to speak
> because it is not a court of law. And for the discrimination issue, you may
> want to contact the Equal Employment Opportunity Commission and file a
> complaint with them. The ACGME does not address discrimination except
> within the context of harassment. If you file a formal complaint after the
> hearing, it must be in writing and signed. Email is fine, but we will need
> your signature on the email. Remember the complaint is not going to help
> you, but will help the residents that are there and those that follow if
> your allegations are true. I am sorry that this is not the answer you were
> hoping for, but the ACGME has educational oversight and not administrative
> oversight. Sincerely, Marsha Miller Associate Vice President Office of
> Resident Services

August 2, 2012



Accreditation Council for
Graduate Medical Education

515 N. State Street
Suite 2000
Chicago, IL 60654

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

David E. Koon Jr, MD
Program Director
Palmetto Health/University of South Carolina School of Medicine
Palmetto Health Richland
Two Medical Park, Suite 404
Columbia, SC 29203

Katherine G. Stephens, PhD, MBA
Vice President, Medical Education and Research
Palmetto Health
P O Box 2266
Columbia, SC 29202-2266

Re: Program #2604532263

Dear Drs. Koon and Stephens:

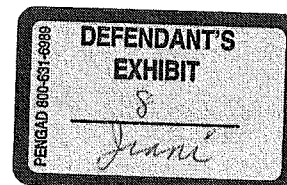
The Review Committee for Orthopaedic Surgery has reviewed Afraaz Irani's complaint alleging the Orthopaedic Surgery Program at Palmetto Health/University of South Carolina School of Medicine is noncompliant with ACGME requirements. The review committees also reviewed your May 25, 2012, response with supporting documentation. The review committee judged there was no validity to the complaint and will not pursue any further action related to the complaint.

The ACGME will close its file on the complaint, and the complainant will be notified of the review committees' decision.

Sincerely,

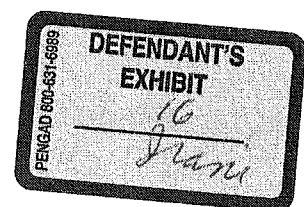
Marsha A. Miller, MA
Associate Vice President
Office of Resident Services
312-755-5041
mmiller@acgme.org

cc: Pamela Derstine, PhD, Executive Director, RC for Orthopaedic Surgery
Patricia Surdyk, PhD, Executive Director, Institutional Review Committee



USC(Irani)0689

Appendix 3:
Rebuttal to Level II remediation
Aug. 22 2011



I was asked to respond to allegations of improper care regarding regarding Mr. B:

Re: FW: Fwd: Pt. Roy Butler - afraaz.irani@gmail.com - Gmail

https://mail.google.com/mail/u/0/?ui=compose&ik=remember+this+pleasant+gentleman+very+well/13165cb362e5ec3f

Apple iCloud Facebook Twitter Wikipedia Yahoo News Popular

Google I remember this pleasant gentleman very well

Gmail Move to Inbox More 3

COMPOSE

Norwich U. - Civil Engineering Masters - Earn your Master's online on your schedule

Inbox (4,135)
Starred
Important
Sent Mail
Drafts (33)
Personal
Travel
More

Re: FW: Fwd: Pt. R B

Afraaz Irani <afraaz.irani@gmail.com> 8/10/11

to David, John Walsh

Drs. Koon and Walsh.

I remeber this pleasant gentleman very well.

My first steps with all such traumatic wounds are the same. The patient had already been given fentanyl before my arrival. Therefore my first step is to inspect wound, and see his pain level before approving a possible overdose of narcotics to an 80+ year old male. Accordingly I inspected the wound first. He had some pain, then I waited for the additional dose of additional pain meds. All the manipulation was done by laquinto as was outlined in the prior email

I did introduce myself to the patient. My back was to the nurses, so not sure if they heard me. It is is true that I can mumble and so that cannot be clear. Indeed the nurse here does not know the correct pronunciation of my name so I can work on better enunciation when introduction myself

I spoke with laquinto in the trauma bay. I called and he told me to stay at bedside he is coming down directly. The admission plan, everything was unknown, and I was instructed to say at bedside, accordingly I did not feel it appropriate to talk to the family until he had arrived as I was instructed.

Often in the setting of a traumatic injury, when the orthopaedist arrived, he/she is expected to immediately talk to family. In that situation I am less likely to jump the gun and speak to family, since it is important to wait a few extra minutes to get details correct, since this could potentially be a major surgery/life altering event.

It was a regrettable decision, but one that had to be done. Many of the staff were justifiably horrified at this, and wanted us to do more. However this was medically the correct decision. Indeed he had a heart attack during the procedure, and passed away a few days later. It is clear he could have not withstood a salvage procedure to his arm.

The patient was very thankful throughout and when I saw him on the floor we had great interactions. He remebered me from the trauma bay and shook my hand and thanked me again (although truth be told he was a real gentleman). I really did enjoy my time with him. It is a shame that he is no longer with us.

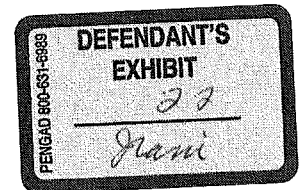
I remember we talked about how he was still able to do what he loved (metal/wood working) in his 80s. He was thankful that he was still there, and we talked about his family and how his children work with him in the shop. I do remeber Mr B , and wish he was still with us.

Hope that clarifies things.

Thanks,
Afraaz

Irani000516





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SCHOOL OF MEDICINE

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SEPTEMBER 22, 2011

RE: DR. AFRAAZ IRANI
(PGY-2 ORTHOPAEDIC RESIDENT)

MEMO FOR RECORD

This memo for record summarizes a meeting that Dr. Grabowski and I had with Dr. Irani on 20th of September 2011. We reviewed his progress to date over the last six months of his orthopaedic residency. At the time of his previous evaluation and scheduling it had to be postponed and so the evaluation on the 20th will serve for his evaluation of the preceding seven months. During the course of our discussion we reviewed Dr. Irani's progress overall and that specifically addressed the issues noted on the memorandum for record dated 15 August 2011.

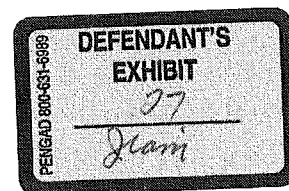
With regards to Dr. Irani's surgical skills they are on par with his peers at this very early stage in his residency. Dr. Irani has rotated with me and I found his technical skills to be appropriate relative to wound closure and fracture fixation. He did not have the opportunity to do much with me in the area of arthroscopy. I have heard from Dr. Guy that his skills in arthroscopy are quite elementary and will require substantial growth and improvement during the course of his residency. My direct observations of his interactions with patients have been favorable. He appears to demonstrate appropriate relationships with the patients and their families while under my direct supervision. Dr. Irani demonstrates an excellent degree of interest and commitment to his own education. He carries around a small notebook while we are seeing patients in the office and if he encounters something which he is unfamiliar with he will note that for a later review. I consider this to be an excellent teaching tool. With the exceptions noted below I think that Dr. Irani's progress to date has been reasonably satisfactory.

Dr. Irani has had struggles and problems during his early phase in his orthopaedic residency. Some of these issues reflect his performance while he was a first year resident but on an orthopaedic rotation. Some of these are reflected by his behavior when he is rotating in other specialties. Some of these are noted during the first two months that he has been full-time here in the orthopaedic department. I communicated these with him during the course of our discussion. During this portion of the interview I specifically referenced the numbered topics present on the 15 August memo. With respect to point number one I am aware of the circumstances surrounding this patient's care on a firsthand basis. I had been consulted for the management of his arm injury. I am also aware of the issues surrounding the attending physician's treatment of this patient while he was in the trauma bay. I had spoken to Dr. Irani on a separate occasion about his behavior and his communication with the nurses. His central assertion is that he had a favorable relationship with the patient following his initial resuscitation. I informed him that the patient had received some sedation which also involves a certain degree of amnesia. Whether or not the patient responded to him appropriately after he was resuscitated did not in any way support proper treatment prior to that point. I also

CONTINUED

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306

Irani000093



Appendix 9:
Documentation of events surrounding Trauma F110175
December 7th 2011

Events documented within three days of incident:

Patient arrives as trauma 911 at 11AM.

Called down at about 2PM by Dr. Loflin (PGY-2 trauma resident), who told me Dr Nathe (Ortho intern) needed help (Dr. Nathe said Dr. Wood told her to call me for help with patient).

Arrive in POD 5.

Arlene (nurse) walks out of POD 5 room. Dr. Nathe in room. I have not yet seen the patient, Nathe, or anyone else. Arlene immediately turns to me and states we need to talk about how all this was handled. I asked her what was wrong, and what I needed to do. Arlene refused to provide any guidance and only said we would talk about it at the end, and ended the conversation by walking away.

I realized that the nurses were upset, and therefore played everything by the book. I met with Nathe and reviewed all films. Together we assessed all injuries and determined a game plan. She brought the c-arm and we saw the patient again together. I introduced myself to the patient, described her injuries, and what we would be doing for her in the ER. I spoke with Dr Toussaint from neurosurgery and Dr. Loflin from Trauma. I was informed sedation was not an option in this patient. I told the patient we were going to splint and reduce her right ankle. I asked the nurse for fentanyl. Fentanyl was given. Her right lower extremity was unwrapped. An intrarticular block (local lidocaine) performed. After appropriate local and systemic anesthesia given, we irrigated her wound with 2L sterile normal saline because it was an open wound, and start reduction under fluoro. (nursing charting also documents administration of pain meds and reduction of right lower extremity as described above).

Diane Savage (another assistant nurse manager) around this time, stepped in for a few seconds, but stepped back out again as we were using fluoro and there was radiation exposure. I did not see her again during rest of procedure.

Attention was then turned to left upper extremity. The room was small and I had difficulty making it around bed, but we all had to work efficiently with what we had. I again explained the injuries to the patient, and asked if she was OK, and if her pain was under control. She stated she was alright. We explained we would irrigate the arm and perform a reduction. We began reduction. During this time, Dr Nathe took some final fluoro pics of RLE in splint. I said that is a hard reduction, that's as good as we are going to get it down here, and we will have to take care of it upstairs in the OR. After reductions performed, again explained to patient exactly what had been done.

The sheets were wet, so I helped the nurses change the wet sheets.

The patient stated she wanted to see her parents. I told patient I was going to talk to her family and that I would make sure she was not going anywhere until she saw her parents. I stepped out. I spoke with nurse (Arlene), who again said we need to talk about how situation was handled after things were finished. Again I asked what we could do. Again all that was said was that we

would talk about it later. I wrote the consent and spoke with family (mother and father) in consultation room with Arlene. I made sure all questions were answered satisfactorily.

Nursing staff wanted to meet. Arlene, Elaine, Dr Nathe and myself met. Elaine states that the patient was scared and confused. When addressing informed consent, the nurse stated consent was needed not because it was indicated, but because the nurses have to "cover our assess." (Of note: this all happened before I had arrived -- I was not involved in the informed consent discussion at all). Arlene seems to take issue with our care stating that two washouts and reductions were "pretty complicated for an ER." Of note the nurses did not look at me or address me when giving feedback.

I thanked the nurses for their feedback. I go back to room to check on the patient. She seems to be doing fine. I step out to bring family back. I bring the family back to the ER. The patient is getting an EKG. I use that time to show the family all the xrays of their daughter's injuries on the xray viewing stations in the ER and again explain what we would be doing. I escort the family personally back to the patient's bedside.

I spoke with family and patient frankly about injuries (I was most concerned about Right ankle in terms of some long term pain) Never at any point did I tell patient or parents there is a chance she would not walk again. I spoke with the patient about each injury in detail and possible long term ramifications. Answered all questions for both the family and patient. Explained the severity of the injuries frankly and honestly, and what we were going to do in the OR. Explained the risks/benefits/alternatives of all her injuries. All questions were satisfactorily answered. I asked the nurses if they needed anything else. They said they did not. The OR was calling for the patient.

At this time Nathe and I left with the c-arm as there was another patient upstairs with an open ankle that needed an urgent reduction.



To: Dr. Afraaz Irani
Kathy Stephens
Dr. David Koon
Dr. John Walsh
Dr. James Raymond
Charles Beaman

From: Gwen Hill, Interim Vice President of Human Resources

Date: May 7, 2012

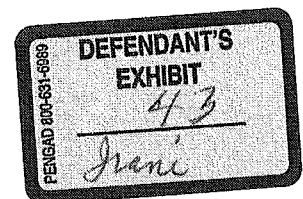
Re: Dr. Afraaz Irani Grievance

The grievance committee listened to testimony from Dr. Koon, Dr. Walsh and Dr. Irani on April 30th, 2012.

After all testimony was given and questions were presented and answered, Dr. Koon, Dr. Walsh and Dr. Irani were dismissed and the committee started its deliberations.

At approximate 5:15pm the committee asked the moderator for additional documents from Dr. Walsh and Dr. Koon and for additional time to review the documents that were presented from Dr. Irani, Dr. Walsh and Dr. Koon.

The committee reconvened on Monday, May 7th at 11:30am. After further deliberation, the committee voted by secret ballot and the decision for termination was upheld.



Post Office Box 2266
Columbia, SC 29202-2266

PHONE: (803) 296-2100

palmettohealth.org

USC(Irani)0917



Charles D. Beaman, Jr.
Chief Executive Officer

June 1, 2012

Sent Via Email and Certified Mail


Afraaz R. Irani, M.D.
3900 Bentley Drive, Apt. 1911
Columbia, South Carolina 29210

Dear Dr. Irani:

After reviewing all the information at my disposal, I have determined that your termination was proper and I uphold the decision of the Grievance Committee. This decision is final.

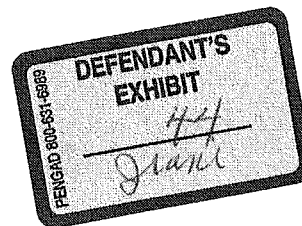
If you wish further follow-up or desire additional information on this matter, please contact Lin Hearne in Human Resources at 296-7883.

Sincerely,

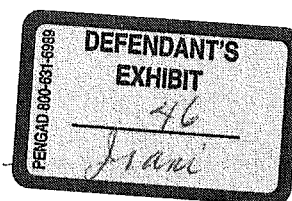

Charles D. Beaman, Jr.
Chief Executive Officer

CDBJr/db

c: James Raymond, M.D.
Kathy Stephens, Ph.D.
Lin Hearne, HR Business Partner



From: Jeffrey Guy jagdr@aol.com
Subject: Re: Dr. Guy / USC resident question
Date: February 5, 2012 at 11:50 AM
To: Afraaz Irani afraaz.irani@gmail.com



Very Nice...

spoke with two people for you.

Michael Mcbrayer DJO DonJoy Orthopedics. Very knowledgeable... send him similar email as below. He will contact you. Mention my name.

Michael McBrayer
Senior Vice President Global Business and Professional Relations

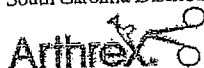
DJO Global, Inc.
1430 Decision Street, Vista, CA 92081

D 760.734.3573
F 760.597.8412
C 760-533-7701
michael.mcbrayer@djoglobal.com
DJOglobal.com



Phillip Bowman: Regional guy for Arthrex. May have a interesting offer for you while you explore the company for device positions. call him 803-960-0201

Philip Bowman
South Carolina Distributor for:



Peerless Surgical, Inc.
717 Lady Street
Suite H
Columbia, SC 29201
803-732-4661-o
803-781-4456-f

On Feb 3, 2012, at 11:26 AM, Afraaz Irani wrote:

Dr. Hanypsiak,

I am PGY-2 orthopaedic surgery resident at the USC program here in Columbia.

I have spent some time working with Dr. Guy, and he noticed that I am drawn toward the technology/device portion of orthopaedics (including pouring over the arthroscopy towers). Indeed this was definitely a large part of my draw toward orthopaedics.

In medical school I worked with a startup on validation studies for a prototype device (the company was later bought by medtronic), and after that I developed a new device and founded a company that is currently doing animal studies.

Given this background, Dr. Guy has encouraged me to explore what options there are beyond medicine for MDs -- specifically the use of MDs in industry -- product development or other options, or even options specific to arthrex.

We don't know if it is doable yet, but we have also toyed with the idea of my taking a year of absence to explore this side of medicine.

If you have a few minutes, I would really appreciate your insight into careers outside of medicine.

Thank you for your time,
Afraaz
650-353-8523

On Thu, Feb 2, 2012 at 10:23 PM, Jeffrey Guy <jagdr@aol.com> wrote:
: Bryan.Hanypsiak@Arthrex.com

: Bryan T. Hanypsiak, MD

: Director of Medical Education

: Telephone: (239) 207-6762
: 1370 Creekside Blvd.
: Toll-Free: (800) 933-7001
: Naples, FL 34108
: Fax: 239-552-2317
: E-Mail: Bryan.Hanypsiak@Arthrex.com

: Jeffrey Guy MD.
: Assistant Professor
: Dept.Orthopedics & Sports Medicine
: USC School of Medicine
: Team Physician, Medical Director
: USC Gamecocks

: <image001.jpg>

Jeffrey Guy MD.
Assistant Professor
Dept.Orthopedics & Sports Medicine
USC School of Medicine
Team Physician, Medical Director
USC Gamecocks



From: Jeffrey Guy <jagdr@aol.com>
Subject: Re: Dr. Guy / USC resident question
Date: March 5, 2012 7:45:33 PM EST
To: Bryan Hanypsiak <Bryan.Hanypsiak@Arthrex.com>

1 Attachment, 3 KB

Hey Bryan.... Thanks for keeping up with him. Anything in the development division or devices that would apply to his situation? Thanks for your help Jeff

On Mar 5, 2012, at 8:40 AM, Bryan Hanypsiak wrote:

fyi

Bryan T. Hanypsiak, MD
Director of Medical Education

Telephone: (239) 207-6762
1370 Creekside Blvd.
Toll-Free: (800) 933-7001
Naples, FL 34108
Fax: 239-552-2317
E-Mail: Bryan.Hanypsiak@Arthrex.com

-----Original Message-----

From: Afraaz Irani (mailto:afraaz.irani@gmail.com)
Sent: Sunday, March 04, 2012 6:22 PM
To: Bryan Hanypsiak
Subject: Re: Dr. Guy / USC resident question

Dr. Hanypsiak,

Thank you so much for the phone call the other day. I know you have a very busy schedule. I really appreciate your help and insight. I also appreciate your offer to show me around the Arthrex facility as time permits. Hopefully we will have time to meet at some point.

Thanks again for your help and time.

Afraaz

On Thu, Feb 16, 2012 at 10:08 AM, Bryan Hanypsiak <Bryan.Hanypsiak@arthrex.com> wrote:

Spoke to Dr. Guy at academy. Can I call u next week?
Bryan

Sent from my iPhone

On Feb 3, 2012, at 9:26 AM, "Afraaz Irani" <afraaz.irani@gmail.com> wrote:

Dr. Hanypsiak,

I am PGY-2 orthopaedic surgery resident at the USC program here in Columbia.

I have spent some time working with Dr. Guy, and he noticed that I am drawn toward the technology/device portion of orthopaedics (including pouring over the arthroscopy towers). Indeed this was definitely a large part of my draw toward orthopaedics.

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Given this background, Dr. Guy has encouraged me to explore what options there are beyond medicine for MDs -- specifically the use of MDs in industry -- product development or other options, or even options specific to arthrex.

We don't know if it is doable yet, but we have also toyed with the idea of my taking a year of absence to explore this side of medicine.

If you have a few minutes, I would really appreciate your insight into careers outside of medicine.

Thank you for your time,
Afraaz
650-353-8523

On Thu, Feb 2, 2012 at 10:23 PM, Jeffrey Guy <jagdr@aol.com> wrote:

Bryan.Hanypsiak@Arthrex.com

Bryan T. Hanypsiak, MD

Director of Medical Education

Telephone: (239) 207-6762 <tel:%28239%29%20207-6762>
1370 Creekside Blvd.
Toll-Free: (800) 933-7001 <tel:%28800%29%20933-7001>
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Fax: 239-552-2317
E-Mail: Bryan.Hanypsiak@Arthrex.com

Jeffrey Guy MD.
Assistant Professor
Dept. Orthopedics & Sports Medicine
USC School of Medicine
Team Physician, Medical Director
USC Gamecocks

<image001.jpg>

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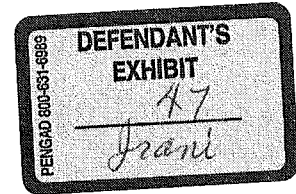
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Jeffrey Guy MD.
Assistant Professor
Dept. Orthopedics & Sports Medicine
USC School of Medicine
Team Physician, Medical Director
USC Gamecocks





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May 2, 2012

RE: DR. AFRAAZ IRANI, PGY-2 RESIDENT, ORTHOPAEDIC SURGERY
PALMETTO HEALTH ORTHOPAEDIC RESIDENCY PROGRAM

Dear Grievance committee:

I have been asked to write you today with regard to my relationship to Dr. Afraaz Irani. As you know, Dr. Irani has been our PGY-2 resident this past year and is currently under evaluation for clinical performance over the past year. I have had a chance to have a number of interactions with Dr. Irani over the last several months and have been asked to write a letter with regard to my interaction with him. I have had several talks with Dr. Irani during the course of his rotation through the sports medicine department as well as individual talks in my office and on several occasions at dinner.

First of all I would like to say that I am quite a fan of Dr. Irani in several respects. I think that Afraaz is genuinely a very nice young man. I think that from a social standpoint, he is very well liked by his peers. I do think that he has a good heart and in general tries to do the right thing. However, Dr. Irani has been involved in a number of incidents that I am sure you are well aware of.

Several months ago Dr. Irani joined our sports medicine service. I took it upon myself to spend some extra time with him to see if we could get Afraaz back on track and get him to a point that he could continue his future training in orthopaedics. Again, I have spent time not only in the operating room and clinic setting with Dr. Irani but he also has traveled to the training room with me. Outside the rotation settings, Dr. Irani and I have spent several late Sunday evenings in the office discussing his progress and future. I believe Afraaz and I had very open and candid conversations during his time on our rotation and therefore feel I have a good understanding of Dr. Irani's situation.

While our conversations have dealt with many issues, I think one of the central issues has been the concept of being a good physician or more specifically a good orthopaedic surgeon. It is my experience that there are 3 areas that are critical to the success of being a good orthopaedic surgeon. The first is I believe every physician needs to have an academic ability to be able to keep and maintain the standards of an individual subspecialty. Second is to be able to be technically competent and be able to maintain the skills necessary to perform and complete surgery in an appropriate manner. Third is the ability to be a good clinician and be able to interact with patients and to have a desire and willingness as well as compassion to take care of patients.

With regard to Dr. Irani, I think Afraaz is an amazingly bright young gentleman and probably one of the brighter gentlemen whom we have had come through our doors. I believe he reads and academically does well at the PGY2 relative to his peers.

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USC(Irani)0929



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MAY 2, 2012

RE: DR. AFRAAZ IRANI, PGY-2 RESIDENT

PAGE 2

Regarding Dr. Irani's surgical skills, I believe them to be average and/or slightly below average. However, at a PGY-2 level it could be too early to actually assess the potential for his surgical skills.

From my perspective, I believe that the issues surrounding Dr. Irani really involve the category of being a good clinician. I often counsel the residents about the differences between being "book smart" and "being street smart", the ability to anticipate and to actually "worry." I believe these are essential tools for a resident and/or a physician to be able to empathize with their patients, to be able to counsel their patients, as well as to be able to decide when "extra" is necessary when caring for their patients. In addition, I believe one of the critical steps is communication. Whether at a resident or a practicing physician level, it is critical to learn the ability to communicate and to ask for help when necessary. I believe to be the most critical out of the three components to being a good doctor.

I have had several very open and honest conversations with Dr. Irani regarding this topic. I have been quite blunt with him in our interactions while discussing some of the situations he has been involved in. Again, on review of Dr. Irani, I do believe that he is an unbelievably intelligent person and, as I have told him, probably destined for amazing things in this world. I, however, have expressed to him my doubts that clinical medicine is where he is going to do this. I believe Dr. Irani's expertise lies in an area of technology. He is clearly driven by the inner workings of mechanics and device technology. We have had long talks with him about this topic, and I believe that one of his mentors at Stanford was a spine physician who had a significant portion of their practice involved in this type of area. To quote one of his e-mails, "Dr. Irani has spent time in medical school working with a startup on validation studies for a prototype device and afterwards developed a new device and founded a company that is currently doing animal studies." It is in this area that I see his passion. I'm reminded of a story one day in the operating room with Dr. Irani. I often ask the junior residents to spend an early case unscrubbed and assist the circulator in the room in order to better learn the systems that we are using during an operation. I was amazed watching Dr. Irani dissect the arthroscopy tower over the next half hour. He was clearly taken by how the tower worked. It is this "desire and passion" that I have not witnessed in Dr. Irani's clinical work. I have probed and discussed on many occasions whether or not clinical medicine really drives him or if this is simply a means to an end?

CONTINUED

DEPARTMENT OF ORTHOPAEDIC SURGERY
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803-434-6812, FAX 803-434-7306

USC(Irani)0930



UNIVERSITY OF SOUTH CAROLINA
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MAY 2, 2012

RE: DR. AFRAAZ IRANI, PGY-2 RESIDENT

PAGE 3

In summary, it is certainly difficult to condense my entire experience with Dr. Irani in a short letter. However, I have quite a bit of experience with several friends and other colleagues who have had to make several decisions with alterations in their career path.

Again, I think Afraaz is an amazingly intelligent person who is destined for great things. I have told him this on several occasions, and I truly believe this. I believe that he has the intelligence and desire to unlock the keys of a problem one day that others have not been able. However, as I have also expressed to him on a number of occasions, I do not believe that orthopaedic surgery and/or any other clinical subspecialty is the way he is going to do this. I do not get any sincere passion or desire for him to return to an orthopaedic residency and to pursue any type of clinical career. As with many people facing an alteration in career path, it can very frustrating. We have talked about options of taking a year off and exploring those types of opportunities, and I have also placed him in contact with several orthopaedic companies involved in new and innovative device development. I believe he has contacted several of those companies regarding those opportunities.

Lastly, I would like to reiterate that I think that we are dealing with a very talented person whose talents clearly involve areas other than clinical medicine. I do not believe that Afraaz will excel in any manner in clinical medicine and do not believe that he belongs in an orthopaedic residency program. He does not demonstrate the level of passion or desire one would expect from even a first year resident. I believe that this may be a major contributor to Dr. Irani's difficulties. I believe it is a lack of desire and passion that translates into tardiness and ultimately poor patient care. Again, I have mentioned this to him on several occasions and have not gotten much push-back from him, even when posing him the question. I truly believe that if given the option of a job in industry or development as opposed to clinical medicine and/or patient care, that Afraaz would take the former. I look forward to continuing a friendship with Afraaz and being of assistance in his growth in another manner. Again, I do not believe this will be in clinical medicine.

Sincerely,

Jeffrey A. Guy, M.D.

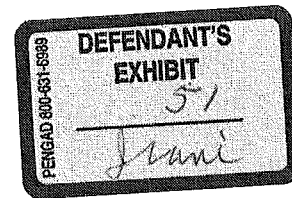
Chief of Sports Medicine, University of South Carolina

JAG/tlh

19146439.1

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USC(Irani)0931



From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Wednesday, March 28, 2012 8:19 PM
To: John Eady
Cc: David Rothstein
Subject: RE: next steps.

Dr. Eady,

Thank you for your reply. I apologize for the miscommunication. I appreciate your help and kind understanding.

My assumption was that I would turn over my complaint to the RRC to help discredit Drs. W,K etc. in parallel with fighting this at the Palmetto Health level. Or should I approach the RRC with complaints about the program only after I am reinstated? When and what order do you foresee the RRC's involvement?

If I get reinstated, then at that point will I be in technically "good standing" where I can attempt to enlist their help with getting an alternate position? My apologies -- I believe I was attempting to do everything simultaneously, instead of the appropriate order.

Again your help and support mean a lot to me during this difficult time.

Thank you,
 Afraaz

Date: Wed, 28 Mar 2012 04:14:46 -0700
 From: jl_eady_98@yahoo.com
 Subject: Re: next steps.
 To: afraaz.irani@hotmail.com
 CC: DERothstein@mindspring.com

Afraaz,

I was not as clear as needed in my advice, it appears. The RRC will not allow you to transfer to another Orthopaedic residency program if you are not a resident in good standing in your present program. Mr. Rothstein will need to help you with the legal aspects of your situation as I am only a want to be lawyer. However, the reality is that you are in a life or death situation, and only by completely discrediting Drs. W,K, etc will you prevail in Orthopaedics. If you are not a resident in good standing the RRC won't get involved. If you decide to pursue legal redress (which is the only one with a chance of success in my opinion) I will help all I can in support of your goal. I have some helpful data about Dr. K's lack of supervision of residents, staff and patient mistreatment at the VA that may help. Mr. Rothstein will have to advise you if that would be helpful and admissible in court proceedings. As I said to you in our meeting, I will do whatever is ethical, possible and legally admissible to expose the perfidy of the involved individuals. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: John Eady <jl_eady_98@yahoo.com>
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Tuesday, March 27, 2012 6:54 PM
Subject: next steps.

Dr. Eady,

Irani003934

Thank you for all your help during this difficult time. If you have a chance to look over the document I attached on my email to Mr. Rothstein that would be great since you might have more insight into how physicians and the GMEC would react to that letter. I recognize you are very busy, so any time would be much appreciated.

My plan is to work with Mr. Rothstein, to develop a cover letter/finalize the document hopefully with your input and move forward.

We had talked about the next step being exploring other programs and the possibility of the RRC letting me add on a spot to an existing program. My goal is to submit the letter to the RRC and request an add on resident spot. In the mean time I am thinking about starting conversations with other programs.

I was wondering what your thoughts were about reaching out to those I know from medical school. Namely talking to the program director at Stanford (Dr. Ivan Cheng). They applied for expansion to six residents a couple years back, but got approved for five. I had talked to him before – at that time all he could tell me was there were no openings. I am also considering speaking with Dr. Stuart Goodman from Stanford whom I did research with as well and wrote me a letter of recommendation.

Also I noticed that Dr. Lawrence Marsh from the University of Iowa sits on the orthopaedic board for the RRC (http://www.acgme.org/acWebsite/RRC_260/260_comMemb.asp). I know Dr. Chuck Clark from the Univ. of Iowa and he also wrote me a letter of recommendation. I was considering contacting him about the RRC as well as about possibly transferring to their program?

I also have a letter of recommendation from Dr. Eric Johnson at UCLA who heads the division orthopaedic trauma as well as Dr. Ryan Goodwin, the program director at the Cleveland Clinic.

I was wondering if you know anything about these programs or the individuals above, and what your thoughts are about beginning to contact them, and any advice for that.

I know you had also mentioned contacting MUSC. If you wouldn't mind seeing what the options there are, I would be tremendously grateful, as that seems like a great place to train. (I have attached my resume).

Please let me know your thoughts, and thank you so much for your time. I can meet up anytime if that is more convenient for you as well.

Thank you,
Afraaz

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Friday, March 30, 2012 12:52 PM
To: John Eady; David Rothstein
Subject: FW: Palmetto Health Richland Orthopaedic Surgery

Hello,

I spoke with Susan Mansker (312) 755-5028 (Associate Executive Director of the RRC for Orthopaedic Surgery) who referred me over to Marsha Miller (who is in charge of resident complaints). Ms. Miller essentially said that the RRC role is to affect accreditation (her complete response is below). She said I may file a formal complaint, in which case they will begin an investigation and move it in front of the RRC.

I am assuming I am correct in assuming our strategy here is to file a formal complaint soon so that the investigation can begin, and the fact that an investigation is being performed will help put pressure on GMEC, grievance council, etc?

I also spoke with Lin Hearn (lin.hearne@palmettohealth.org 803-296-7883) who is the business associate who is assigned to me. She offered to meet next week to go over how the grievance council works and help copy or prepare any documents.

She said that the earliest the grievance council can meet is April 11th (the day after GMEC meeting was conveniently the "only" day that Drs. Walsh and Koon could meet). Alternatively she said I could initiate the request for a grievance council April 11th, and delay the grievance council until much later, but right now I see no reason to do that, so we are scheduled for April 11th grievance council at this point.

I am going to request the remaining documents that Dr. Koon has not turned over namely: all the memorandums regarding review of my performance during the probation period, the nursing complaints about TF 375 that were never turned over to me, and the memorandum from Dr. Wood regarding the haemophiliac patient.

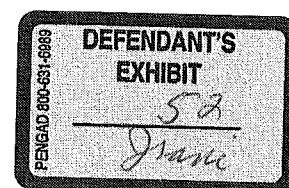
Right now the next step would be to prepare the writeup formally and submit a formal complaint is the plan. Please let me know your thoughts.

Thank you again for all your help.

Afraaz

From: mmiller@acgme.org
To: afraaz.irani@hotmail.com; adunlap@acgme.org; pderstine@acgme.org; smansker@acgme.org
Date: Fri, 30 Mar 2012 10:25:17 -0500
Subject: RE: Palmetto Health Richland Orthopaedic Surgery

Dear Dr. Irani,



Irani003936

I am sorry for your plight, but the ACGME does not adjudicate disputes between program directors and residents and you must avail yourself of all the resources available within the institution. The ACGME cannot get involved in the institution's due process proceedings. The ACGME's role is to make sure that they have policies and procedures for due process. Please know that the ACGME cannot help you personally and all that it can do is affect the program's accreditation for violating ACGME requirements.

After the hearing, if you have evidence that it was unfair, you can file a formal complaint at that time as you won't know whether the hearing was unfair until you've had it. Please remember that unfair is **not** that you do not like the outcome. Unfair is that they did not follow their own policies and procedures. In regard to the harassment, we can address that at the same time as the due process issue. You may want to obtain legal counsel for your hearing if it is allowed. Most often the institution allows an attorney to be present to advise the resident, but not to speak because it is not a court of law. And for the discrimination issue, you may want to contact the Equal Employment Opportunity Commission and file a complaint with them. The ACGME does not address discrimination except within the context of harassment.

If you file a formal complaint after the hearing, it must be in writing and signed. Email is fine, but we will need your signature on the email. Remember the complaint is not going to help you, but will help the residents that are there and those that follow if your allegations are true.

I am sorry that this is not the answer you were hoping for, but the ACGME has educational oversight and not administrative oversight.

Sincerely,

Marsha Miller

Associate Vice President

Office of Resident Services

From: Afraaz Irani [mailto:afraaz.irani@hotmail.com]
Sent: Friday, March 30, 2012 9:59 AM
To: Marsha Miller; Amy Dunlap; Pam Derstine; Susan Mansker
Subject: Palmetto Health Richland Orthopaedic Surgery

To whom it may concern:

Irani003937

I am a PGY-2 resident at the Palmetto Health Richland Orthopedic Surgery Program in Columbia, South Carolina.

I am writing to you as I have become extremely concerned about the unethical behavior and harassment I have been subjected to from my program director and chairman of my department.

I have attempted to bring my concerns before the appropriate local committees, but have been disappointed by their unwillingness to listen to my grievances; I have been denied due process.

At this point, I feel that I have nowhere else to turn. I was encouraged to contact you by a physician who is sympathetic to my plight.

I have been the subject of racially-based harassment by my program director, and have been singled out for disciplinary actions for minor infractions.

This pattern of behavior has been evident throughout my PGY-2 year, when my program director -- who constantly refers to me as "Achmed the terrorist," and makes constant insinuations about my cultural background -- has repeatedly submitted documents to the GMEC which are patently false, in order to attempt to demonstrate a pattern of unsatisfactory behavior on my part. He placed me on probation only six weeks into my PGY-2 residency, based on several unsubstantiated allegations. He has ignored multiple requests for clarification of these allegations, and I have been unable to get any independent verification of his allegations.

My program director has gone out of his way to attempt to discredit me in front of other faculty members, alleging improper care despite clear evidence to the contrary (including from other faculty and residents).

He has further alleged deficiencies in my knowledge base, despite evidence to the contrary. In fact, my OITE score easily outpaced that of my fellow co-resident.

Needless to say, such constant harassment makes it nearly impossible for me to focus on my education and patient care.

My program director has continued to present false statements to the GMEC. For example: in one case he alleged improper care in the case of a trauma patient. I was not involved in the patient's initial resuscitation, and many of the allegations did not involve me. He refused to ask for my side of the story, in complete violation of,

Irani003938

and with complete disregard for, the hospital's policy. He turned over these factually incorrect complaints to the GMEC for my suspension. I was denied a fair hearing or due process.

More egregious were the multiple times I asked for documentation of the allegations of poor care, and they (and the DIO) refused to turn over these documents.

I have each time I protested to the DIO, but to no avail. In fact, even my request for a hearing before the grievance council was denied.

It is noteworthy that the program has an unusually high attrition rate; they are trying now to get rid of a third resident over the span of about four years, a fact they seem to be proud of (my program director emphasized this to me only six weeks into my residency).

The actions of my department recently culminated with them moving to have me terminated from the residency program at the upcoming April 10th GMEC meeting. I am very disappointed and concerned, since their behavior has been unethical, deceitful, and illegal.

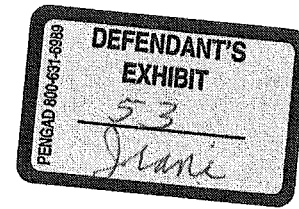
I am not confident in the checks and balances at a hospital where the chairman and program director can regularly violate hospital policy, and where my chairman assures me of the outcome of a GMEC committee meeting before any proceedings.

I implore you to help me in this situation. Please help me get due process, and investigate this pattern of targeted resident behavior. I have worked hard, and sacrificed much to become an orthopedic surgeon, and I feel that those entrusted with my education have reneged on their commitment.

Sincerely,

Afraaz Irani, M.D.

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Sunday, April 01, 2012 1:11 PM
To: John Eady
Cc: David Rothstein
Subject: RE: Additional item



Dr. Eady,

Thank you again for those very helpful comments. The write-up at the time of my last draft focused on K, but the violators spread beyond that.

I didn't know if we would be diluting the focus so I didn't bring out other facets. However, you raise a point that is very relevant to something not fully brought out before and perhaps needs to be regarding Wood: After I dictated a discharge summary on that VA patient I had never seen, I clarified who the patient was and everyone that was involved in this veteran's care to Dr. Koon. This was the incident where Dr. Koon got so upset he would have fired me on the spot. At our subsequent meeting (Nov 21st), Dr. Wood was with him to review my performance.

This was the meeting that represented a sharp change in tone. At this meeting, Dr. Koon started citing inadequacies in preparing the AM list from back in *June 2011*.

It was clear that complaint could only have been furnished by Dr. Wood, as she was chief resident at that time, and was the only one who had a problem with the list.

Moreover, at that meeting, Dr. Wood also stated how upset she was about my email to Dr. Koon regarding the discharge summary she had not completed – that I was assigned to do instead. (I have included Kenny's email below since it summarizes the chain of events).

The feedback Dr. Wood gave me at that meeting was that I was "starting to sound like Lamoreaux."

At the follow-up staff meeting on December 5th, Dr. Koon alleged I delivered improper care to the patient who Grabowski wanted to get an MRI. The only person I talked to about that patient was Dr. Wood; it is clear that this incident supplied to Dr. Koon by her. I really think she tried hard to create something that wasn't there. After that incident, it was very apparent that she was feeding Dr. Koon complaints about my performance, since the incidents involved only involved her and me.

Again, like you pointed out, I haven't been perfect, but I know for a fact that Dr. Wood has been actively looking to find and report errors on my part since mid-November, when she took affront at my email making apparent that she had reneged on her assignment (the other residents know this too).

Your comment regarding lacking resident oversight as dictated by Medicare, the VA and the RRC is especially relevant. Medicare regulations, are violated every week at our Monday staff clinic. About 20% of those patients have Medicare. The attending (who 80% of the time is Dr. Koon) shows up about an hour late and leaves early (Dr. Walsh usually shows up about 2 hours after clinic begins). Medicare rules require that an attending see patients, but none of these patients are seen by the attending. Dr. Voss is the only one who insists on seeing all Medicare patients. I actually went through the records of 8 staff clinics and have a list of about ~60 patients that should have been seen by an attending, but were not. It sounds like bringing this to the forefront would be useful.

Irani003940

Additionally, I was wondering if you have been in touch with the RRC, as I could then refer to you in cases where I am unable to provide direct evidence (e.g. lack of resident oversight).

Lastly, I have been considering moving the date of the grievance council hearing back (from April 11th), as that would give me time to file a complaint with the RRC, and would give the RRC time to investigate (they are given one month to investigate). I think the grievance council would be more willing to listen to my side of the story if they knew the program was being investigated by the RRC. What are your thoughts on that?

Thank you. Again I cannot express how much your help really means to me.

Afraaz

Letter from Kenny to Justin in its entirety:

Justin,

I don't know how much you've heard about the latest flap between Dr. Koon and Afraaz regarding the VA patient. Afraaz calls me occasionally with details regarding the drama. I know that Herzog also gets these calls. We're fine to talk with him since we know him as well as anyone due to us having worked with him on call last year. I have enough to worry about between trying to get organized at the VA, OITE prep, fellowship applications, getting hounded by Jennifer Miley for research garbage that I don't care about, and my family that I am not looking to get sucked into something that doesn't directly involve me. However, I felt that I needed to say something as I feel this is more of a witch hunt than anything.

The patient in question was a patient that I think you transferred over to Richland from the VA (Edison Fairey?). You wrote the Richland H&P, Wood (who was on spine at the time when nothing was really going on with spine, and certainly minimal to no inpatients) saw him and wrote notes on 2 days, and Walker wrote the note the day he was discharged (he was on Hand). Afraaz was busy at that time with the Sports service.

Apparently Koon told Afraaz to do the discharge summary after it had been left undone for a while. It had been initially sent to Wood who, from the looks of it on PowerChart, refused it and sent it to Walker since he wrote the note the last day. Walker told me that Wood told him that everything was done and all he needed was a note for the date of discharge and a discharge order. Somehow, Afraaz had the discharge order put in under his name. He never saw the patient. After the D/C summary had been refused, it ended up in Koon's hands, who for some reason assigned it to Afraaz.

We can argue about whether or not Afraaz should have just sucked it up and done it, but the fact of the matter is that this isn't the first time that Jennifer has dumped something for which she should have been responsible on someone else to do. It actually happened again this past Monday morning when she made Goodno, who was post-call and trying to get over to the VA, call a consult to HIM on a Koon patient when she was on Koon's service. She also got after Walker for not showing up to rounds this week (he had no inpatients and there are a total of 5 residents on service at Richland) when a patient assigned to Koon didn't get seen.

I realized long ago that Jennifer doesn't care about anyone but herself. Whatever. But when it starts impacting people who are already in trouble I have more of a problem with it. In my opinion, if Jennifer had done what she should have, none of this would have been an issue. Again, I am an impartial observer in all of this but thought that you needed to hear a different side of the story.

Kenny

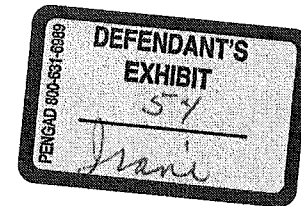
Date: Sat, 31 Mar 2012 07:16:38 -0700
From: jl_eady_98@yahoo.com
Subject: Additional Item
To: afraaz.irani@hotmail.com
CC: DERothstein@mindspring.com

Afraaz,

I recommend you also send a letter to the RRC stating specifically that you were denied the chance to engage in your regularly assigned rotation at the VA beginning in Jan, and this a. prevented you from being educated on a rotation that all other residents are assigned, and b. the opportunity to get an unbiased evaluation of your performance by the Orthopaedic staff at the VA, who have no ties with the university staff. Mr. Rothstein will need to advise you about adding a comment that this was the only way a former resident was able to show the performance bias K W etc have about residents of different ethnic, racial or religious groups they discriminate against, and which does affect the resident's educational content. If Mr. Rothstein agrees, you may want to discuss with Chad Lamereaux the details of his issues about K, W etc, since there are legal restraints we all must honor in this matter. In your letter to the RRC, I would also emphasize that a careful evaluation of the present practices of the Dept of Ortho at PH/USC will show residents are being used to solve service needs of these institutions, not the educational ones of the residents, and that their acts do not conform to their policies. This last fact is a duty of the RRC to address, and will stir its inertia. Lastly, I can help you with negating any statement Dr. Wood, the senior resident, may make about your performance as I have documentation of her failure to perform her duty in the completion of patient records in over 250 incidences within a 5 month period, and which I had to personally address. No punitive actions were taken against her in this matter. I also have facts that will show K did not supervise any activities of residents at the VA for the entire time a patient he did a total knee on was in the hospital, and the veteran's knee got infected that had to be debrided by me within a month after the primary operation (I was out of town the entire time the veteran was hospitalized for his primary surgery, so K can't say someone else was responsible for this duty). If Mr. Rothstein agrees, you should add you can show K, etc don't supervise residents as required by RRC and federal medicare as well as VA rules.

Maybe this will be helpful. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Monday, April 02, 2012 3:47 PM
To: John Eady
Cc: David Rothstein
Subject: RE: Additional item



Dr. Eady,

Thank you for your response. I went ahead and delayed the grievance council, so that the RRC can start rustling some feathers before the meeting. You raise a good point about resident supervision. I was curious. Are inpatients required to be seen by an attending every day they are in the hospital? It is not uncommon for post-op patients to have surgery and then not ever checked on by an attending (or maybe checked once) during the hospital stay, and otherwise only seen by resident every day. Is that legal? Is that OK by RRC guidelines? This is something I was wondering, but had no idea what proper care is.

It sounds like we need to add some stuff to the document, beefing up and bringing more to the forefront the improper resident supervision and examples of that.

Thank you,
 Afraaz

Date: Sun, 1 Apr 2012 12:45:48 -0700
 From: jl_eady_98@yahoo.com
 Subject: Re: Additional item
 To: afraaz.irani@hotmail.com
 CC: DERothstein@mindspring.com

Afraaz,

I will happily share what I have concerning lack of resident oversight by K/VW with the RRC if they request it. You need to also keep your stuff handy. I have recently contacted the RRC about the rumored elimination of the Orthopaedic resident rotation at the VA but was told a resident or residents had to raise this issue before they would investigate. Therefore, your raising it will affect their inertia. You must clear the following with Mr. Rothstein but one way of showing K/W have little basis on which to judge you is with proof that they don't do their duty of resident supervision and are depending on second hand (Wood) data instead of first hand observations. I don't know if the GMEC will delay the hearing but getting it delayed would seem to me to be a help for you. However, you must get Mr. Rothstein's advice about this as I really don't know. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: John Eady <jl_eady_98@yahoo.com>
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Sunday, April 1, 2012 1:11 PM
Subject: RE: Additional item

Dr. Eady,

Thank you again for those very helpful comments. The write-up at the time of my last draft focused on K, but the violators spread beyond that.

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Sunday, April 08, 2012 10:16 AM
To: John Eady; David Rothstein
Subject: final edits.
Attachments: Cover Letter.doc

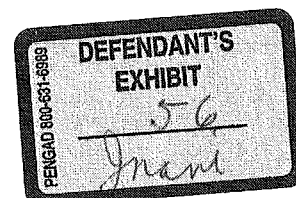
Hi,

I will be submitting the formal signed complaint tomorrow, as well as calling the RRC. If you don't mind looking it over and giving any final thoughts. I will let them know that the full document will follow shortly.

Dr. Eady, there is a line in there that states that "I was encouraged to contact you by a physician who is sympathetic to my plight." Your name is not used, but I hope you are OK with that?

Please let me know if you have any final comments, or feedback and then we will submit the full writeup with all the supporting documents soon.

Thanks again for all your help and support,
Afraaz



To whom it may concern:

I am a PGY-2 resident at the Palmetto Health Richland Orthopedic Surgery Program in Columbia, South Carolina.

I am writing to you as I have become extremely concerned about the unethical behavior and harassment I have been subjected to from my program director and chairman of my department.

I have attempted to bring my concerns before the appropriate local committees, but have been disappointed by their unwillingness to listen to my grievances; I have been denied due process.

At this point, I feel that I have nowhere else to turn. I was encouraged to contact you by a physician who is sympathetic to my plight.

I have been the subject of racially-based harassment by my program director; and have been singled out for disciplinary actions for minor infractions.

This pattern of behavior has been evident throughout my PGY-2 year, when my program director -- who constantly refers to me as "Achmed the terrorist," and makes constant insinuations about my cultural background -- has repeatedly submitted documents to the GMEC which are patently false, in order to attempt to demonstrate a pattern of unsatisfactory behavior on my part. He placed me on probation only six weeks into my PGY-2 residency, based on several unsubstantiated allegations. Requests for clarification of these allegations have been denied, and I have been unable to get any independent verification of his allegations.

My program director has gone out of his way to attempt to discredit me in front of other faculty members, alleging improper care despite clear evidence to the contrary (including from other faculty and residents).

He has further alleged deficiencies in my knowledge base, despite evidence to the contrary. In fact, my OITE score easily outpaced that of my fellow co-resident.

Needless to say, such constant harassment makes it nearly impossible for me to focus on my education and patient care.

My program director has continued to present false statements to the GMEC. For example: in one case he alleged improper care in the case of a trauma patient. I was not involved in the patient's initial resuscitation, and many of the allegations did not involve me. He refused to ask for my side of the story, in complete violation of, and with complete disregard for, the hospital's policy. He turned over these factually incorrect complaints to the GMEC for my suspension. I was denied a fair hearing or due process.

More egregious were the multiple times I asked for documentation of the allegations of poor care, and they (and the DIO) refused to turn over these documents.

I have each time protested to the DIO, but to no avail. In fact, even my request for a hearing before the grievance council was denied.

Additionally, I was denied the chance to engage in our regularly assigned rotation at the VA beginning in January, and this prevented me from being educated on a rotation that all other residents are assigned. It also denied me the opportunity to get an unbiased evaluation of my performance by the Orthopedic staff at the VA.

It is noteworthy that the program has an unusually high attrition rate; they are trying now to get rid of a third resident over the span of about four years, a fact they seem to be proud of (my program director emphasized this to me only six weeks into my residency).

In fact, a careful evaluation of the present practices will show residents are being used to solve service needs of the institutions, not the educational needs of the residents – not conforming to resident education policies.

The actions of my department recently culminated with them moving to have me terminated from the residency program at the upcoming April 10th GMEC meeting. I am very disappointed and concerned, since their behavior has been unethical, deceitful, and illegal.

I am not confident in the checks and balances at a hospital where the chairman and program director can regularly violate hospital policy, and where my chairman assures me of the outcome of a GMEC committee meeting before any proceedings.

I implore you to help me in this situation. Please help me get due process, and investigate this pattern of targeted resident behavior. I have worked hard, and sacrificed much to become an orthopedic surgeon, and I feel that those entrusted with my education have reneged on their commitment.

Sincerely,

Afraaz Irani, M.D.